



Focused on Providing Superior and Expanded Imaging Care

CT SCAN CONSENT FOR IV CONTRAST INJECTION

Iodinated Intravenous contrast agents, used for radiologic procedures, poses a small risk of reactions, which can range in severity from minor to fatal. Complications can be significantly reduced when we properly assess the patient's health status, obtain the medical history, and review previous contrast reactions.

Patient Risk Assessment:

Risk Factors:

1. Previous severe contrast reaction: Yes No
 - **Severe Reaction** – Anaphylaxis, convulsions, cardiopulmonary arrest
2. Previous moderate contrast reaction: Yes No
 - **Moderate Reaction** – Tachycardia, hypertension, hypotension, dyspnea, wheezing, laryngospasm, broncospasm
3. Previous mild contrast reaction: Yes No
 - **Mild Reaction** – Nausea, vomiting, diaphoresis, itching, hives, rash
4. Are you allergic to Iodine? Yes No
5. History of allergic reaction to any substance: Yes No
6. History of asthma: Yes No
7. History of hypertension or hypotension: Yes No
8. History of kidney disease or dysfunction: Yes No
9. History of diabetes: Yes No
 - **Glucophage and Metformin** – must be held for 48 hours following the CT exam
10. History of sickle cell disease: Yes No
11. Are you pregnant or nursing an infant? Yes No
12. Have you eaten or drank in the last 4 hours? Yes No
13. Have you had a barium study in the last week? Yes No

I _____, consent to the following procedure _____.
I have been informed of and understand the risks involved.

Signature

Date

Witness

Date

For Tech Use Only

BUN:

Creatinine:

Signs & Symptoms:

Surgical History:

Contrast Dosage & Type: